

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)**

SERIAL NO

10/520418

FILING DATE

CLAIMS

	CLAIMS											
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/		/				51					
2	/		/				52					
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45							95					
46							96					
47							97					
48							98					
49							99					
50							100					
TOTAL IND.	1		2		3							
TOTAL DEP.	4		0		1							
TOTAL CLAIMS	5		2		2							